

## WISCONSIN CANCER REPORTING SYSTEM Cancer Report

**INSTRUCTIONS:** See the reverse side of this form for the statutory reference and instructions to complete the form. Complete reporting requirements and definitions are available in the WCRS reporting manual, *WCRS Abstract Code Manual*.

1. Last Name		2. First Name		3. Middle Name	
4. Name Before First Married		5. Name Suffix		6. Alias Name	
7. Social Security No.					
8. Address at Diagnosis			9. City at Diagnosis		10. State and Zip at Diagnosis
11. Supplemental Address			12. County at Diagnosis	13. Date of Birth (MM/DD/YYYY)	14. Birthplace (State or Country)
15. Sex 1 Male    4 Transsexual 2 Female    9 Not stated/Unknown 3 Other (Hermaphrodite)		16. Race (Circle or specify codes) 01 White    Asian (specify) _____ 02 Black    Other (specify) _____ 03 American Indian    99 Unknown		17. Hispanic Origin 6 Yes Specify _____ 0 No	18. Marital Status 1 Single    4 Divorced 2 Married    5 Widowed 3 Separated    9 Unknown
19. Primary Site C ____ . ____			20. Morphology (Histology & Behavior) ____ / ____		
21. Paired Organs (Laterality) 0 Not a paired site    3 Only one side involved 1 Right: origin of primary    4 Bilateral involvement 2 Left: origin of primary    9 Paired site, but no information, midline			22. Grade/Differentiation 1 Well Differentiated    4 Undifferentiated/Anaplastic    7 Null cell 2 Mod. Well Differentiated    5 T-cell    8 NK cell (natural killer) cell 3 Poorly Differentiated    6 B-cell    9 Unknown/Not Stated/NA		
23. Diagnostic Confirmation 1 Histology    5 Positive Lab/Marker    8 Clinical 2 Cytology    6 Visualization    9 Unknown 4 Microscopic    7 Radiographic			24. Occupation/Industry	25. ACC/SEQ No.	26. Medical Record No.
27. Date Diagnosis		28. Date 1 <sup>st</sup> Contact		29. Facility Referred From	
30. Facility Referred To					
31. Class of Case 0 Dx here, Rx elsewhere    3 Dx & Rx elsewhere 1 Dx and Rx here    4 Rx here prior to ref 2 Rx here    6 Staff MD office only			32a. Reporting Facility _____ 32b. NPI—Rpting Facility _____	33. Abstractor Phone	34. Abstractor
35a. Primary Payer at Diagnosis 01 Not insured    31 Medicaid    63 Medicare with private supplement 02 Not insured, self-pay    35 Medicaid-Managed Care plan    65 TRICARE 10 Insurance, NOS    60 Medicare/Medicare, NOS    66 Military 20 Managed Care, HMO, PPO    61 Medicare with supplement, NOS    68 Indian/Public Health Service 21 Fee-for-Service    62 Medicare-Managed Care plan    99 Insurance status unknown					35b. TypRepSource
36. SEER Summary Stage 2000 0 In situ    5 Regional NOS 1 Localized    7 Distant 2 Regional, Direct Ext. Only    8 Benign, borderline, NA 3 Regional Lymph Nodes Only    9 Unknown/ Unstaged 4 Reg., Direct Ext. & Lymph Nodes			37. Mets at Diagnosis 0 None    5 Bone 1 Peritoneum    6 CNS 2 Lung    7 Skin 3 Pleura    8 Distant Lymph Node 4 Liver    9 Other, unknown, carcinomatosis, NOS		38. Tumor Size (MM) _____ Calculate melanoma in hundredths

Completion of this form is mandatory under Chapter 255.04, Wisconsin Statutes. Personally identifiable information on this form (including social security number) is required by law and kept confidential per the requirements under Chapter 255.04; the information is necessary to assure complete and accurate data matching and consolidation and is used only for stated purposes in Chapter 255.04. Reporting this information to WCRS is not a violation of any person's responsibility for maintaining the confidentiality of patient health care records, as defined under s. 146.81(4).

Please complete the form by following the instructions provided in each box. Information and instructions for some boxes did not fit within the form. The instructions and additional values for those data items are listed below. The number before each set of instructions corresponds directly to the numbered field on the actual form.

**16. Race**

- 01 White
- 02 Black
- 03 American Indian, Aleutian, or Eskimo (includes all indigenous populations of the Western hemisphere)
- 04 Chinese
- 05 Japanese
- 06 Filipino
- 07 Hawaiian
- 08 Korean
- 09 Asian Indian, Pakistani
- 10 Vietnamese
- 11 Laotian
- 12 Hmong
- 13 Kampuchean
- 14 Thai
- 20 Micronesian, NOS
- 21 Chamorroan
- 22 Guamanian, NOS
- 25 Polynesian, NOS
- 26 Tahitian
- 27 Samoan
- 28 Tongan
- 30 Melanesian, NOS
- 31 Fiji Islander
- 32 New Guinean
- 96 Other Asian, including Asian, NOS and Oriental, NOS
- 97 Pacific Islander, NOS
- 98 Other
- 99 Unknown

**17. Hispanic Origin**

- 0 Non-Spanish; non-Hispanic
- 1 Mexican (includes Chicano)
- 2 Puerto Rican
- 3 Cuban
- 4 South or Central American (except Brazil)
- 5 Other specified Spanish/Hispanic origin (includes European; excludes Dominican Republic)
- 6 Spanish, NOS  
Hispanic, NOS  
Latino, NOS
- 8 Dominican Republic
- 9 Unknown whether Spanish or not

**(56.) (58.) Reason for No (Surgery) (Radiology)**

- 0 (Surgery) (Radiation) of the primary site was performed.
- 1 (Surgery) (Radiation) of the primary site was not performed because it was not part of the planned first-course treatment.
- 2 (Surgery) (Radiation) of the primary site was not recommended/performed because it was contraindicated due to patient risk factors (comorbid conditions, advanced age, etc.).
- 5 (Surgery) (Radiation) of the primary site was not performed because the patient died prior to planned or recommended surgery.
- 6 (Surgery) (Radiation) of the primary site was not performed; it was recommended by the patient's physician, but was not performed as part of the first-course therapy. No reason was noted in the patient's record.
- 7 (Surgery) (Radiation) of the primary site was not performed; it was recommended by the patient's physician, but this treatment was refused by the patient, the patient's family member, or the patient's guardian. The refusal was noted in the patient record.
- 8 (Surgery) (Radiation) of the primary site was recommended, but it is unknown if it was performed. Further follow-up is recommended.
- 9 It is unknown if (surgery) (radiation) of the primary site was recommended or performed. Death certificate only cases and autopsy only cases.

See the *Collaborative Staging Manual and Coding Instructions* (<http://www.cancerstaging.org/cstage/manuals.html>), for site-specific codes/coding rules.

39. CS Ext	40. CS Size/Ext Eval	41. CS Lymph Nodes	42. CS Reg Node Eval	43. CS Mets at Dx	44. CS Mets Eval
45. SSF1	46. SSF2	47. SSF3	48. SSF4	49. SSF5	50. SSF6
51a. Following MD or WI License No.		51b. Following MD NPI -----	52. Nodes Examined		53. Nodes Positive
<b>Treatment</b>	<b>Reporting Facility Rx</b>	<b>Other Facility Rx</b>	<b>Facility</b>	<b>Date</b>	
54. RxSumSurgPrimSite					
55. RxSumScopeRegLNSurg					
56. ReasonNoSurgery					
57. RadRegionalModality					
58. ReasonNoRadiation					
59. RxSumSurgRadSeq					
60. RxSumChemo					
61. RxSumHormone					
62. RxSumBRM					
63. RxSumTransplntEndocr					
64. RxSumSurgChemoSeq					
65. RxSumOther					
<b>66. AJCC Stage</b>		<b>67. Vital Status Last Seen</b>		<b>68. If Deceased</b>	
C	T____N____M____ Stage Group _____	0 Dead		State (Where Death Occurred) ____	Date Of Death
P	T____N____M____ Stage Group _____	1 Alive			

**TEXT (OR ATTACH SUPPORTING DOCUMENTATION)**

PE

X-RAY/SCANS

LABS

PATH

STAGING

RX SURGERY

RX RADIATION

RX SYSTEMIC (Chemo, Hormone, BRM, Transplant/Endocrine)

MISC/REMARKS

Date Case Completed: \_\_\_/\_\_\_/\_\_\_\_\_